RECEIVED CENTRAL RAX CENTER

MAR 1 3 2006

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FACSIMILE TRANSMITTAL

TO:

FROM:

Name:

Date:

Name: Mail Stop AMENDMENT

Group Art Unit 3738/Examiner David Willse

Firm: U.S. Patent & Trademark Office

Phone No.: 310-286-9800

Fax No.: 571-273-8300

No. of Pages (including this): 12

Amedeo F. Ferraro

Subject: U.S. Patent Application No. 10/674,971

Gary K. Michelson

Filed: September 30, 2003 METHOD FOR INSERTING AN INTERBODY SPINAL FUSION IMPLANT HAVING AN

ANATOMICALLY CONFORMED TRAILING

END (as amended)

Attorney Docket No. 101,0059-02000

Customer No. 22882 Confirmation No.: 4939 Confirmation Copy to Follow: NO

March 13, 2006

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1,810.00 total amount to cover the \$1,020 three-month extension fee and \$790 RCE fee is to be charged to Deposit Account No. 50-3726), Request for Continued Examination (RCE), and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on March 13, 2006.

Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0059-02000

Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED CENTRAL FAX CENTER

In re application of: Gary K. Michelson

Serial No: 10/674,971

Filed: September 30, 2003

METHOD FOR INSERTING AN INTERBODY SPINAL FUSION IMPLANT HAVING AN ANATOMICALLY CONFORMED TRAILING

From-MARTIN&FERRAROLLP

END (as amended)

Confirmation No.: 4939

3738 Art Unit:

Examiner: **David Willse** MAR 1 3 2005

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir.

Transmitted herewith is a Request for Continued Examination (RCE) and Amendment in reply to the Final Office Action dated September 13, 2005 in the above-identified application.

No additional fee is required.

Applicant hereby requests a three-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Cot. 2) HIGHEST NUMBER PRÉVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CLAIMS FEE	25	-	49	**	0	LG=\$50 SM=\$25	\$50	\$	٥
INDEPENDENT CLAIMS FEE	2	-[4	***	0	LG=\$200 SM=\$100	\$200	\$	٥
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180								\$	0
							TOTAL	\$	٥

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of ctaims originally filed.

A check in the amount of \$____ to cover the above fees is enclosed.

The total amount of \$1,810.00 to cover the \$1,020 three-month extension of time fee and \$790 RCE fee is to be charged to Deposit Account No. 50-3726.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-3726. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims ☒

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: March 13, 2006

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medeo F. Ferraro Registration No. 37,129

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